

OMB No. 0651-0011 (12/31/86)

COPY

AMENDMENT TRANSMITTAL LETTER			ATTORNEY'S DOCKET NO. UF-232XC1
SERIAL NO. 09/491,063	FILING DATE January 25, 2000	EXAMINER Mary M. Schmidt	GROUP ART UNIT 1635
INVENTION Materials and Methods for Detection of Oxalobacter Formigenes			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 21 2002 </div>

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

TECH CENTER 1600/2900

- ☒ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

(1)	(2)	(3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY																				
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDIT. FEE</th> </tr> <tr> <td>\$ 9</td> <td>\$9.00</td> </tr> <tr> <td>\$42</td> <td>\$0.00</td> </tr> <tr> <td>\$140</td> <td>\$0.00</td> </tr> <tr> <td>Total addit. fee</td> <td>\$9.00</td> </tr> </table>	RATE	ADDIT. FEE	\$ 9	\$9.00	\$42	\$0.00	\$140	\$0.00	Total addit. fee	\$9.00	OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDIT. FEE</th> </tr> <tr> <td>\$18</td> <td>\$0.00</td> </tr> <tr> <td>\$84</td> <td>\$0.00</td> </tr> <tr> <td>\$280</td> <td>\$0.00</td> </tr> <tr> <td>Total addit. fee</td> <td>\$0.00</td> </tr> </table>	RATE	ADDIT. FEE	\$18	\$0.00	\$84	\$0.00	\$280	\$0.00	Total addit. fee	\$0.00
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* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

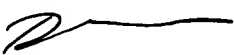
** If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."

*** If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

- ☒ Please charge my Deposit Account No. 19-0065 in the amount of \$ 9.00. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
 - ☒ Any additional filing fees required under 37 CFR 1.16.
 - ☒ Any patent application processing fees under 37 CFR 1.17.

October 7, 2002
(date)



(signature)